



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

## \*BIBDATASHEET\*

CONFIRMATION NO. 1539

Bib Data Sheet

SERIAL NUMBER 09/439,343	FILING DATE 11/15/1999  RULE	CLASS 705	GROUP ART UNIT 2175	ATTORNEY DOCKET NO. RAMIX-002US
-----------------------------	---------------------------------------	--------------	------------------------	---------------------------------------

## APPLICANTS

ANDREW L. DIRIENZO, ELIZAVILLE, NY;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a CON of 08/854,474 05/12/1997 PAT 6,006,191  
which claims benefit of 60/017,316 05/13/1996

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*

\*\* 12/20/1999

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 7	TOTAL CLAIMS 8	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature	Initials	

## ADDRESS

WESTERLUND & POWELL, P.C.  
100 DAINGERFIELD RD.  
SUITE 100  
ALEXANDRIA, VA  
22314-2886

## TITLE

REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR

FILING FEE  RECEIVED 2041	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
------------------------------------	---	---



## UNITED STATES PATENT AND TRADEMARK OFFICE

COMMISSIONER FOR PATENTS  
UNITED STATES PATENT AND TRADEMARK OFFICE  
WASHINGTON, D.C. 20231  
www.uspto.gov

#7



Bib Data Sheet

CONFIRMATION NO. 1539

<b>SERIAL NUMBER</b> 09/439,343	<b>FILING DATE</b> 11/15/1999 <b>RULE</b>	<b>CLASS</b> XXX	<b>GROUP ART UNIT</b> 2899	<b>ATTORNEY DOCKET NO.</b> RAMIX-002US
<b>APPLICANTS</b> ANDREW L. DIRIENZO, ELIZAVILLE, NY;				
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CON OF 08/854,474 05/12/1997 PAT 6,006,191 WHICH CLAIMS BENEFIT OF 60/017,316 05/13/1996				
<b>** FOREIGN APPLICATIONS *****</b> IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 12/20/1999				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 8
		<b>INDEPENDENT CLAIMS</b> 2		
<b>ADDRESS</b> RAYMOND H J POWELL JR P O BOX 30269 ALEXANDRIA, VA 223100269 <i>Westerlund &amp; Powell, P.C.          100 Daingerfield Rd.          Suite 100          Alexandria VA 22314-2886</i>				
<b>TITLE</b> REMOTE ACCESS MEDICAL IMAGE EXCHANGE SYSTEM AND METHODS OF OPERATION THEREFOR				
<b>FILING FEE RECEIVED</b> 1798	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	